

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
County St. Francois Registration District No. 6-0-8A 773 File No. 21655  
Township St. Francois Primary Registration District No. 7736078A Registered No. 89  
Near Farmington, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mable Erhardt  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. M. Erhardt  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1871  
8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 11 18

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.N. Nurse  
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
11. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTRY) Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter's Cemetery DATE June 12, 1934

19. UNDERTAKER M. J. Underhill (ADDRESS) St. Louis, Mo.

20. FILED June 11, 1934 W. J. Robinson Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 10, 1934

22. I HEREBY CERTIFY, that I attended deceased from September 4, 1933, to June 10, 1934

I last saw him alive on June 10, 1934. Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Cerebral Hemorrhage (Artery)  
8721  
Other contributory causes of importance:  
Dyslexia with Cerebral  
Arteriosclerosis  
(from previous Brain Hemorrhage)  
Date of onset 6/10/34  
Dec. 1928

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) C. C. Ault, M. D.  
(Address) Farmington, Mo.

GENERAL  
OFFICE

MEMO

MEMORANDUM

TO THE

SECRETARY

OF THE

NAVY

NO 17 18

MEMORANDUM

FOR THE

NAVY

NO 17 18

MEMORANDUM

FOR THE

NAVY